

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046111

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 389 Primary Registration District No. 5759 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, Caldwell Twp		c. CITY OR TOWN Fulton	
Length of stay in 1b ???		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On farm South Fulton		d. STREET ADDRESS (If outside, give location) R.F.D. # 3	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Tom Day			4. DATE OF DEATH Month Day Year Dec, 30 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7/20/1900	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer at Harbison-Walker Refractories		10b. KIND OF BUSINESS OR INDUSTRY Des Moines, Iowa		11. BIRTHPLACE (City and state or country) U.S.A.	
13a. FATHER'S NAME Robert Day		13b. MOTHER'S MAIDEN NAME Susan Doub		14. NAME OF HUSBAND OR WIFE Unk	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Norman R. Day- R.R. #3 Fulton, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound in right eye, through head		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Inquest was held. The verdict of the jury was that Tom Day came to his death by accident.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) unknown
20c. TIME OF INJURY Hour a.m. Month, Day, Year App. 9:30 a.m. 12/30/62		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm 12 mi South of Fulton	20f. CITY, TOWN, OR LOCATION Callaway Mo

21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at Approx. 9:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Dennis C. Browning, Coroner		22b. ADDRESS Fulton, Missouri	22c. DATE SIGNED 1-2-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan-1-1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	23d. LOCATION (City, town, or county) (State) S. Fulton Mo

24. FUNERAL DIRECTOR Browning Funeral Home, Fulton, Mo	25. DATE RECD. BY LOCAL REG. 1-5-63	26. REGISTRAR'S SIGNATURE L. Roy Croy
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(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0140
2 0140
3
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5 3
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7 1
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9 9191
10 3
11 014
12 90-3
13 2-0

JAN 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student

Denzil C. Browning
Signature of Student Embalmer

Signed

Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.